

MIDD 10a CIT
Washington State Criminal Justice Training Commission
2014 CIT Training Plan

Crisis Intervention Training (CIT) provides intensive training to law enforcement and other first responders in effectively assisting and responding to people with mental illness or substance use disorders. These trainings provide education, skills and resources to better equip first responders to help individuals access the most appropriate and least restrictive services while preserving public safety.

The nature of the interactions between first responders and people with mental illnesses is varied. The King County CIT model addresses the complexity of mental health and substance use issues, and the critical nature of the first responder role in assisting individuals with brain disorders. No single model or procedure can address all the potential situations law enforcement and other first responders may be called upon to provide assistance to a person with a brain disorder and his or her family. Variability in populations, resources and staffing are additional considerations that need to be taken into account when developing training programs. Providing opportunities for specialized trainings that meet the varying needs of the multiple agencies working with King County is a component of the King County CIT program that continues to expand and grow.

CIT personnel are provided with a basic overview of mental health and substance use disorders, as well as tools for more effectively managing the most common types of interactions they encounter with people who are affected by these, and other, disorders. The goals for CIT are to increase safety for first responders, individuals and the community; increase options and tools when responding to individuals in crisis; and encourage and increase the use of community resources resulting in decreased jail bookings and hospital emergency department admissions.

2013 Training Profile

The Commission plans to maintain their primary focus of providing the 40 hour basic Crisis Intervention Team Training and 8 hour CIT in-service to law enforcement officers in the fourth full year of operation, while expanding training opportunities to respond to specific requests from law enforcement agencies and other stakeholders for specialized and advanced courses related to crisis intervention. A total of 448 trainees completed either the 8 hour in-service or the 40 hour course in 2013. Additionally, 232 trainees completed affiliated crisis intervention activities and trainings including Youth-CIT, Force Options, CIT Association Meetings, Executive Roundtables, and CIT instructor courses. Fifty-seven law enforcement and stakeholder agencies in King County sent trainees to at least one of these CIT trainings and activities in 2014, including the following:

<ul style="list-style-type: none"> • Algona Police Department (PD) • Auburn PD • Auburn, City of • Bellevue PD • Black Diamond PD • Bothell PD • Burien and Unincorporated Burien* • Covington PD* • Des Moines PD • Downtown Emergency Services Center • Issaquah PD • Kenmore PD* • Kent Fire • Kent PD • Kent PD Corrections • Kent, City of • King County Mental Health • King County Office of Civil Rights • King County Search and Rescue • King County Sheriff's Office (KCSO) <ul style="list-style-type: none"> - Main (Downtown) - Unincorporated • King County Mental Health • King County Office of Civil Rights • King County Search and Rescue • Kirkland City Jail • Kirkland PD • Kirkland PD Corrections • Lake Forest Park PD • Kirkland City Jail • Kirkland PD • Kirkland PD Corrections 	<ul style="list-style-type: none"> • Lake Forest Park PD • Mercer Island PD • Metro Transit PD* • Miscellaneous Mental Health Professionals • Normandy Park PD • Northwest Detention Center • Port of Seattle PD • Private Security Companies • Redmond PD • Renton PD • Sammamish PD* • SeaTac PD* • Seattle, City Attorney's Office • Seattle PD • Seattle Parks and Recreation • Seattle University Criminal Justice Master's Program • Shoreline Community College Safety and Security • Shoreline PD* • South Correctional Entity (SCORE) • Tukwila PD • Union Gospel Mission • United States Marshall Service • University of Washington PD • Veteran's Affairs • Washington State Parks and Recreation • Washington State Criminal Justice Training Commission
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*KCSO Contract City

Thirty-one agencies from outside King County were able to participate in programs offered through King County CIT, as space was available. Additionally, the third annual 3-day Regional CIT Conference hosted 147 daily attendees from Washington, Oregon, Idaho, and Montana.

The Commission continues their outreach efforts to law enforcement agencies in the county to remind them of the opportunity CIT and related training activities present to address training needs and reiterate the benefits of the program. Almost all agencies in King County have participated in the trainings, with only three KCSO contract agencies, three municipalities, and

one state agency in King County not having yet sent any personnel to attend any of the available CIT courses or activities.

The Commission will offer the 40 hour basic and 8 hour in-service classes over the course of the year in order to continue to support the training needs of law enforcement and other first responder agencies. The advanced CIT-Youth classes will be also offered to trainees who have completed the 40 hour basic class. Additionally, trainees who have completed the 40 hour basic class will be invited back for CIT Advanced classes, as they are developed, on special topics identified by stakeholder agencies through a yearly needs assessment and/or from input received during training sessions and program evaluations.

In addition, the Commission will continue to identify, and develop as needed, expanded training opportunities and resources to increase the knowledge, skills and resources of first responders, including non-law enforcement personnel, who are working with individuals in crisis. Opportunities to develop and provide these and other innovative courses, as well as related in-services, will continue in 2014. The Commission also plans to host the fourth annual Regional CIT Conference, building on the success of previous years, which will allow programs across the state and the Northwest to share resources, program ideas and innovations geared towards improving crisis intervention services.

Quality Improvement Activities

During the course of 2013, the focus was on quality improvement and program oversight activities. The Mental Illness Drug Dependency Oversight Committee's (MIDD-OC) Crisis Diversion Services (CDS) subcommittee oversees the provision of all MIDD-funded crisis diversion programs in order to assure these programs are meeting the stakeholders' expectations as well as the needs of the first responder community. The King County CIT program is an integral part of the crisis diversion strategies funded by the MIDD and program improvement activities were a major focus of this subcommittee.

In addition, the King County CIT program contracted with two different groups of auditors to come and evaluate the current training programs. The first group came out in December 2012, and the second in January 2013, with the intent to observe all programs developed by the CJTC under the MIDD funding and provide feedback and recommendations for quality improvement. The results of these reviews were received early 2013, and shared with the CDS subcommittee.

Program improvement activities will continue to be a focus for the King County CIT program in 2014 and will take into consideration the results of these outside reviews, as well as the recommendation of the CDS subcommittee. In addition, the following recommendations from the MIDD OC, after the 2013 King County CIT presentation to the Committee, will also be included in the program improvement process:

- Cultural competency should be incorporated in all aspects of training and practice scenarios;

- Peers with Mental Health diagnoses and individuals in recovery from substance use disorders should be incorporated into the CIT program;
- CIT trainings and related activities should be based on, and align with, best practice research;
- Substance abuse information should be included alongside mental health in the curriculum; and
- The number of officers yet to be trained (broken down by police department, agency, or jurisdiction) should be provided to encourage universal program participation.

2014 Schedule and Curriculum

The training dates for the 40-hour basic class are as follows:

Date	Location
February 3-7, 2014	WSCJTC, Burien, WA
April 14-18, 2014	WSCJTC, Burien, WA
April 28-May 2, 2014 (cancelled)	WSCJTC, Burien, WA
May 19-23, 2014	WSCJTC, Burien, WA
June 2-6, 2014	WSCJTC, Burien, WA
September 22-26, 2014	WSCJTC, Burien, WA
October 20-24, 2014	WSCJTC, Burien, WA
October 27-31, 2014	WSCJTC, Burien, WA
November 17-21, 2014	WSCJTC, Burien, WA
December 8-12, 2014	WSCJTC, Burien, WA

The training dates for the 8-hour in-services are as follows:

Date	Location
January, 23, 2014 (cancelled)	WSCJTC, Burien, WA
February 20, 2014	WSCJTC, Burien, WA
April 3, 2014	WSCJTC, Burien, WA
April 24, 2014	WSCJTC, Burien, WA
May 15, 2014	WSCJTC, Burien, WA
June 10, 2014	WSCJTC, Burien, WA
September 4, 2014	WSCJTC, Burien, WA
September 9, 2014	WSCJTC, Burien, WA
October 7, 2014	WSCJTC, Burien, WA
November, 6, 2014	WSCJTC, Burien, WA
November 13, 2014	WSCJTC, Burien, WA

The class agenda for the 40 Hour CIT class, with special focus on King County agencies and resources, is anticipating change in 2014 as program improvement activities continue to be implemented. The current schedule incorporates a variety of education and resource blocks, as well as some opportunities for engaging in group exercises and role plays to help law enforcement and other first responders incorporate these into their day to day work in the field.

The agenda in its current format is as follows:

Hours	Monday	Tuesday	Wednesday	Thursday	Friday
0800	Opening Remarks	Crisis Clinic and Suicide Intervention	Geriatric Regional Assessment Team (GRAT)	Communicating with Mentally Ill & Emotionally Disturbed Persons	Crisis Cycle for Law Enforcement Officers
0830					
0900	Brain Disorders/ Co-Occurring Disorders	Suicide for Law Enforcement	Developmental Disabilities/ Autism		Role Plays and Wrap Up/Review*
0930					
1000					
1030					
1100					
1130					
1200	LUNCH	LUNCH with NAMI	LUNCH	LUNCH	LUNCH
1230					
1300	NAMI – In Our Own Voice	King County Regional Mental Health Court (RMHC)	Children’s Crisis Outreach Response System (CCORS)	Communicating with Mentally Ill & Emotionally Disturbed Persons	Role Plays and Wrap Up/Review*
1330					
1400	Consumer Contacts	Critical Incident Stress Debriefing (CISM)	Designated Mental Health Professionals (DMHP)		
1430					
1500	Veterans	Dealing with Traumatic Brain Injury (TBI)	Excited Delirium		Class Certificates
1530					
1600	Crisis Solutions Center	Buford Furrow Case “Choices”			
1630					

Objectives for 2014

To assure the sustainability of the CIT program, the Commission will continue to incorporate feedback and recommendations from the CDS subcommittee and the two program audit reviews into the program. In addition, investigation into best practices and standards, and continual quality improvement activities will continue to inform program development. Additionally, the Commission will:

1. Expand quality assurance focus by allocating resources towards program evaluation and improvement. For example, technology shall be utilized to assist in tracking and analyzing pre and post-tests provided to participants. In addition, measures that evaluate skills-trained for in the curriculum should be developed and incorporated into the training activities.
2. Continue to expand collaboration with community advocates/service providers, such as NAMI, peer support specialist, etc. in the ongoing implementation and development of the CIT program. This will include establishing protocols to facilitate consistent consumer, advocate and provider attendance at CIT programs to observe content and provide programmatic feedback.
3. Develop plans for establishing an ongoing audit structure, utilizing law enforcement, other first responders in the community and community stakeholders, which will allow for continual quality improvement activities and assess for programmatic drift away from objectives of the trainings by July 31, 2014.
4. Utilize WSCJTC CIT Resource Manual as basis for 40 hour basic CIT program.
5. Establish a meeting schedule and provide ongoing support for the CIT Association.
6. Continue observation of de-escalation presentations provided in other CIT programs to improve the use of skills-based training methods and incorporate into King County CIT training curriculum.
7. Participate in the CDS subcommittee meetings to review and facilitate program improvement activities, build relationships with community stakeholders, and provide programmatic updates.
8. Complete the development of an 8-hour Advanced CIT course specifically geared to provide skill-based refresher training and advanced de-escalation techniques. Determine a timeline for piloting the program.
9. Address Cultural Competency and the impact of culture on crisis response; utilize resources available through programs such as NAMI to incorporate training on this topic into the curriculum.
10. Offer Procedural Justice training curriculum for law enforcement officers, identify coordination opportunities with KCSO, if appropriate, for this class.
11. Identify appropriate modifications in the current class offerings for non-law enforcement first responder agencies and interested stakeholders, and determine a timeline for implementing modifications by June 30, 2014. Encourage use of the MHFA training as appropriate.
12. Continue to facilitate Command Level Executive Roundtables to reinforce the methods of CIT and encourage support for officers attempting to find alternatives to jail and hospitals.

Expectations:

The expectations for the King County CIT programs remain consistent with those established in 2012 and 2013. The de-escalation presentation should include interactive discussions with first responders that determine their main concerns or difficulties regarding specific populations and how to intervene. Use real-life scenarios brought by the participants to discuss what interventions to use. Spend more time on what they are generally seeing in their shift and what is most likely to be impacting first responders on a daily basis, and include a more limited focus on scenarios/possible situations they may encounter, but are less common. Additionally, this section should provide skills-based focused learning activities, utilizing research on best practices for promoting adult learning, versus a strict lecture/presentation model.

Reinforce experience and relationships - the first responder, the mental health professional and the individual in crisis all need to be viewed as partners in de-escalating the crisis – if individuals are disrespected or not seen as able to help, they are less likely to be responsive or feel that they are respected which sets up power/control struggles. Focus on identifying how to determine when and how first responders, especially law enforcement, or mental health workers need to take the lead and in what instances they need to let others take the lead (i.e. set guidelines prior to intervening to clarify when it would be necessary to take a step back, what to do when safety issues are present, and establishing “code words”, etc.). All partners have to be seen as experts in their field and not hindrances to getting the work done.

Subject matter should be presented by people with documented professional experience or who have been identified as experts in the field. Funding is available to insure that qualified instructors are utilized. Additionally, the CIT assigned officer will be at all CIT trainings and activities for their entire duration.

New trainings should be piloted with consumers/advocates, provider agencies (mental health and substance use services) and other experts in the field to insure presentations are clear and an accurate representation of material. This will provide the opportunity to work out some potential issues prior to bringing to an actual audience and also insures any subject matter questions that may arise outside of the presentation material are able to be addressed by the presenter.

Use model of having training participants meet with consumers/family members, one-on-one or in small groups, to discuss personal experiences and impacts of involvement with law enforcement when experiencing a crisis. This model allows for focused and intentional discussions regarding what would they have liked to have happen in these interactions, how the system could be more helpful in providing information to law enforcement about crisis plans, etc. while providing a perspective that allows for crisis to be viewed in context of the whole person rather than having someone be defined based on a single encounter.

Focus on the identification of least restrictive options available for first responders instead of the hospital. Auditing the mock scenes can provide information on what the officer has learned in this area and how they may or may not be utilizing these alternative resources. It also opens up the option of discussing why the officer made a decision about where to refer, and can reinforce learning.

Evaluation:

WSCJTC is assessing the feasibility of undergoing an evaluation regarding the effectiveness of the CIT Training(s) in changing first responders' behaviors when responding to individuals in behavioral crisis. This type of evaluation would be focused on looking beyond the pre-post testing, which assesses increased knowledge of behavioral health signs and symptoms and resources available in the community, to assess for actual impacts of the training on instances where officers are responding to behavioral health crises in the field.